

AF/1765



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Hiroyuki Enomoto
Serial No.: 09/019,087
Filed: 02/05/1998
For: MANUFACTURING METHOD OF
SEMICONDUCTOR IC DEVICE

Docket No.: TIJ-24816
Art Unit: 1765
Examiner: Perez Ramos, V
Confirm. No.: 1640

RECEIVED

SEP 30 2002

AMENDMENT UNDER 37 C.F.R. §1.116 TRANSMITTAL FORM

TC 1700

Assistant Commissioner for Patents
Box AF
Washington, DC 20231

MAILING CERTIFICATE UNDER 37 C.F.R. §1.8(A) I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Box AF, Washington, D.C. 20231.

William B. Kempler, Reg. No. 28,228

Date

Sir:

1. Transmitted herewith is an amendment for this application.

STATUS

2. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant is other than a small entity.

- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

Extension (months)	Fee for other than small entity
<input type="checkbox"/> one month	\$ 110.00
<input type="checkbox"/> two months	\$ 390.00
<input type="checkbox"/> three months	\$ 890.00
<input type="checkbox"/> four months	\$ 1,390.00

Fee \$ -0-

If an additional extension of time is required please consider this a petition therefor.

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

- ☐ Extension fee due with this request \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims		Minus		= 0	x \$22 =	\$ 0
Independent Claims		Minus		= 0	x \$82 =	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMOUNT						

- (c) ☒ No additional fee for claims is required.

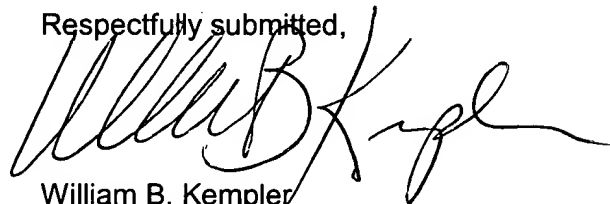
OR

- (d) ☐ Total additional fee for claims required \$

FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,



William B. Kempler
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